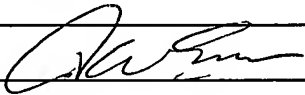


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AMENDMENT UNDER 37 C.F.R. §1.116 Address to: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Confirmation No.	GUID-003CON3 1695
	First Named Inventor	Charles S. Taylor
	Application Number	10/020,451
	Filing Date	December 14, 2001
	Group Art Unit	3736
	Examiner Name	Nasser, Robert L.
	Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery n

Sir:

This amendment is responsive to the Final Office Action dated May 9, 2003 for which a three-month period for response was given making this response due on or before August 9, 2003. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested. Applicants submit that the amendments set forth below raise no new issues. Rather, the amendments place the claims in form for allowance or in better form for appeal. Entry of these amendments is thus respectfully requested.

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/020,451				
		Confirmation Number	1695				
		Filing Date	December 14, 2001				
		First Named Inventor	TAYLOR, CHARLES S.				
		Group Art Unit	3731				
		Examiner Name	Nasser, Robert L.				
Total Number of Pages in This Submission		7	Attorney Docket Number	GUID-003CON3			
ENCLOSURES (check all that apply)							
<table border="1"><tr><td><input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td><input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____</td><td><input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Copies of References - Postcard</td></tr></table>					<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Copies of References - Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
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Signature							
Date	August 6, 2003						

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Typed or printed name	Alan W. Cannon		
Signature		Date	August 6, 2003

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